

NOV 22 2005

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number	10/039,062
Filing Date	December 31, 2001
First Named Inventor	William R. Matz
Art Unit	2153
Examiner Name	Sean M. Reilly
Attorney Docket Number	BS01376

**ENCLOSURES**

(Check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|---|--|

Remarks:

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	11/22/05		

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	11/22/05
Signature	<i>Maureen M. Pettine</i>		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NOV 22 2005

In re application of: William R. Matz                      Group Art Unit: 2153  
Application No.: 10/039,062                      Examiner: Sean M. Reilly  
Filed: December 31, 2001  
Title: "System and Method for Targeted Content Distribution Using Tagged Data Streams"

VIA FACSIMILE 571-273-8300

Attn: Examiner Reilly

## 37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 11/22/05 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

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November 22, 2005

Date of Transmission

11/23/2005 TLO111 00000021 10039062

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INFORMATION DISCLOSURE STATEMENT

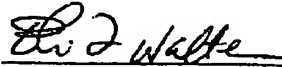
Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

6,353,929	Houston, John	03/2002
5,872,588	Aras, et al.	02/1999
5,796,952	Davis, et al.	08/1998

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters  
Attorney for Applicants  
Registration No. 45,197  
P. O. Box 5743  
Williamsburg, VA 23188  
Telephone: 757.253.5729

Date: 11/22/05

# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/039,062

Filing Date December 31, 2001

First Named Inventor William R. Matz

Examiner Name Sean M. Reilly

Art Unit 2153

Attorney Docket No. BS01376

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NOV 22 2005

## TOTAL AMOUNT OF PAYMENT

\$180.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

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☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

## FILING FEES

## SEARCH FEES

## EXAMINATION FEES

Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

## Total Claims

- 20 or HP =

## Extra Claims

## Fee (\$)

x \_\_\_\_\_

## Fee Paid (\$)

= \_\_\_\_\_

## Fee (\$)

50

200

360

## Multiple Dependent Claims

## Fee (\$)

\_\_\_\_\_

## Small Entity Fee (\$)

25

100

180

## Fee Paid (\$)

\_\_\_\_\_

HP=highest number of independent claims paid for, if greater than 3.

## Indep. Claims

- 3 or HP =

## Extra Claims

## Fee (\$)

x \_\_\_\_\_

## Fee Paid (\$)

= \_\_\_\_\_

HP=highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

## Total Sheets

- 100 =

## Extra Sheets

/ 50

(round up) x

## Fee (\$)

\_\_\_\_\_

=

## Fee Paid (\$)

\_\_\_\_\_

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

## Fee Paid (\$)

\_\_\_\_\_

\$180.00

## SUBMITTED BY:

Name (Print/Type)

Bambi F. Walters

Registration No.  
(Attorney/Agent)

45,197

## Complete (if applicable)

Telephone:

(757) 253-5729

Signature

*Bambi F. Walters*

Date

11/22/05

# FEE TRANSMITTAL

## for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/039,062
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**RECEIVED****CENTRAL FAX CENTER****NOV 22 2005****TOTAL AMOUNT OF PAYMENT****\$180.00****METHOD OF PAYMENT (check all that apply)**
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☐ Deposit Account

Deposit Account No. 19-2167

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES			SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
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Provisional	200	100	0	0	0	0	_____	

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Multiple dependent claims

Total Claims

- 20 or HP =

Extra ClaimsFee (\$)

x \_\_\_\_\_

Fee Paid (\$)

= \_\_\_\_\_

Fee (\$)Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra ClaimsFee (\$)

x \_\_\_\_\_

Fee Paid (\$)

= \_\_\_\_\_

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Total Sheets

- 100 =

Extra Sheets

/ 50

(round up) x

Fee (\$)

\_\_\_\_\_ =

Fee Paid (\$)

\_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS**\$180.00****SUBMITTED BY:**

Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone:	(757) 253-5729
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Signature*Bambi F. Walters*Date

11/22/05

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**Complete if Known**

Application Number	10/039,062
Filing Date	December 31, 2001
First Named Inventor	William R. Matz
Group Art Unit	2153
Examiner Name	Sean M. Reilly
Attorney Docket Number	BS01376

Sheet	1	of	1
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[illegible]

Date Considered

<sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

**Burden Hour Statement:** This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**